

During the premenopause and postmenopausal years, it is easy to focus primarily on gynecologic issues. But they are only a small part of the entire picture. Heart disease for women is a major area that also needs our focus. Dr. Maribel Hernandez outlines the importance of evaluating risk factors. She promotes the knowledge and implementation of good health habits as well. We welcome her contribution to the Menopause and You website.

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Heart Disease

Heart disease is a significant concern for postmenopausal women. More postmenopausal women die from heart attacks than from any other cause. More women die from heart disease than from all cancers combined. Heart attacks also kill more women than they do men. In addition, the symptoms of a heart attack are different in women than they are in men. Women need to recognize the risk factors and avoid them, including cholesterol, diabetes, hypertension, and cigarette smoking. Genetics and aging are other contributors. Annual exams that include cholesterol and blood pressure screenings are a critical component in a postmenopausal woman's cardiac health.

Symptoms of Heart Attack in Women

Many people associate chest pain with the onset of a heart attack. Chest pain is a common symptom in men, but the symptoms of heart attack in women may be different than the classic symptoms of heart attack in men. They can include: shortness of breath while performing a normal daily activity; a persistently sharp pain

in the chest, shoulder, or upper back; unusual fatigue; and abdominal discomfort, such as nausea and indigestion. If such symptoms continue for more than an hour, a woman must be checked immediately. If a woman is not seen within the first few hours of such symptoms, it can be too late for her to get the maximum benefit from interventions to stop and treat the heart attack.

Risk Factors

Postmenopausal women are at the greatest risk for heart attacks. Besides aging, the following risk factors are involved.

- diabetes
- hypertension
- high cholesterol
- cigarette smoking
- high blood pressure
- genetics
- obesity
- lack of exercise

Women with diabetes have a two to three times higher risk of heart attack than women without diabetes. There is good news, though. Women can control most of these risk factors (except for genetics) through various means, such as diet, exercise, medications, and smoking cessation. An example of a risk factor from genetics would be family history of someone dying of premature heart disease (before age 50).

Screening and Preventative Procedures

Annual routine physicals are recommended, with lipid panel tests for cholesterol, blood tests to detect diabetes and homocystine level, and blood pressure monitoring. Cholesterol level is measured as LDL and HDL. The LDL is the “bad” cholesterol, which builds up in the arteries. HDL is the “good” cholesterol in that it helps the body to remove the bad cholesterol. If no other risk factors are

This is intended as an information resource providing guidelines for women. As always, check with your own healthcare practitioner with your specific concerns and questions.

involved, a woman's LDL should be less than 130 and her HDL greater than 50. Blood pressure should not be higher than 120/80. This is a change in the guidelines, which used to recommend 140/90 as the upper limit.

Lifestyle modification, including diet and regular exercise, is one of the most important tools to prevent heart disease. Thirty minutes of daily exercise such as brisk walking is enough to reduce the risk of heart disease. The American Heart Association recommends a low-fat diet to assist in keeping these risk factors under control.

A new screening option is to test the level of C-reactive protein, or CRP. The liver produces this protein as a result of acute inflammation. If the CRP level is found to be elevated, it could indicate risk for heart attack, especially in conjunction with high blood pressure.

Hormone replacement therapy drugs used to be recommended as a preventative to heart disease. But the most recent studies have shown that they are actually ineffective in thwarting heart disease and should not be used for that purpose.

Postmenopausal women with risk factors for heart disease may need to undergo a stress test to diagnose heart disease. The regular stress test is not accurate in women; therefore, a stress test with a heart-imaging modality such as echocardiogram or nuclear imaging is recommended.

Treatment

Options for treatment include medications; catheter interventions such as coronary angioplasty and stents; and heart surgery. The treatment depends on the severity of the heart disease and other health problems that the woman may have. It is very important to seek medical attention immediately at the onset of symptoms of a heart attack to receive the optimal therapy. Heart muscle damage from a heart attack can be prevented if treated within the first hours of the heart attack.

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